

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 30 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG4000056419

1. Corporation Name

SP REAL ESTATE, INC.

2. Principal Office Address

13017 PARK BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

13017 PARK BLVD

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

Zip Country

33776 USA

City & State

SEMINOLE, FL

Zip Country

33776 USA

REINSTATEMENT

**4. Date Incorporated or Qualified
- To Do Business in Florida**

07-29-94

SP

5. FEI Number

59-3269230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACKSON H. BOWMAN III

300003328403--2

Street Address (P.O. Box Number is Not Acceptable)

1298 38th AVE. NE

-07/19/00--01037--027

****900.00 ****900.00

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33704

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jackson H. Bowman

REGISTERED AGENT MUST SIGN

Date 6-27-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>JACKSON H. BOWMAN III</u>	<u>1298 38th AVE. NE</u>	<u>ST. PETERSBURG, FL 33704</u>
<u>D</u>	<u>ROBERT K. STRICKLAND</u>	<u>1343 52nd AVE. NE</u>	<u>ST. PETERSBURG, FL 33703</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

JACKSON H. BOWMAN III

SIGNATURE:

Jackson H. Bowman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-00 727-894-1995

Date

Daytime Phone #